

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 16-31, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

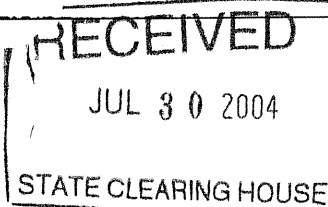
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 30, 2004	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-1565
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px 5px;">A</div> </div>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 5px;">5</div> <div style="margin: 0 5px;">--</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 5px;">6</div> </div> TITLE: Outdoor Recreation - Acquisition, Development & Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Holt Park Development City of Holtville 121 W. 5th Street Holtville, CA 92250	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-34246			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/04	Ending Date 6/30/08	a. Applicant 03	b. Project 37
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 140,390 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 07/30/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 140,390 ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 280,780 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Representative		e. Date Signed	

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102



OMB Approval No 0348-0043

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

p. 02

'ON XSTATE CLEARING HOUSE

JUL-30-2004 FRI 02:26 PM

OMB Approval No. 0348-0043

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

RECEIVED
JUL 30 2004
STATE CLEARING HOUSE

p. 04

FAX NO.

JUL-30-2004 FRI 02:27 PM

Application for Federal Education Assistance (ED 424)



Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: New Horizons Family Center

Address: 714 South Glendale Avenue

Organizational Unit

Glendale
City

CA
State

Los Angeles
County

91205-2318
ZIP Code + 4

2. Applicant's D-U-N-S Number 1813171813181813181

3. Applicant's T-I-N 19151 - 141514131013181

4. Catalog of Federal Domestic Assistance #: 84.118141B1

Title: New Horizons Family Center Mentoring Program

5. Project Director: Dr. Maria Rochart

Address: 714 South Glendale Avenue

Glendale CA 91205-2318

City State Zip code + 4

Tel. #: (818) 545-9848 Fax #: (818) 545-9901

E-Mail Address: mariarochart@sbcglobal.net

Application Information

9. Type of Submission:

-PreApplication -Application
___ Construction ___ Construction
___ Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

X Yes (Date made available to the Executive Order 12372
process for review): 07/07/04

___ No (If "No," check appropriate box below.)

___ Program is not covered by E.O. 12372.

___ Program has not been selected by State for review.

11. Proposed Project Dates: 10/1/2004 9/30/2007
Start Date: End Date:

Estimated Funding

14a. Federal \$ 186,902.00

b. Applicant \$ 9,600.00

c. State \$ 0.00

d. Local \$ 0.00

e. Other \$ 0.00

f. Program Income \$ 0.00

g. TOTAL \$ 196,502.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Dr. Maria Rochart

b. Title: Executive Director

c. Tel. #: (818) 545-9848 Fax #: (818) 545-9901

d. E-Mail Address: mariarochart@sbcglobal.net

e. Signature of Authorized Representative

Maria Rochart

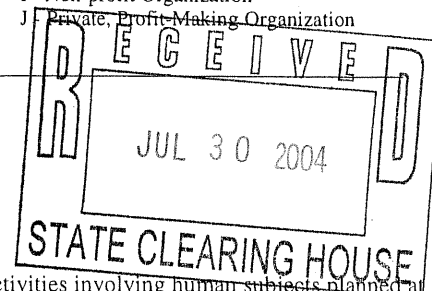
Date: 7/1/04

6. Novice Applicant XX Yes ___ No

7. Is the applicant delinquent on any Federal debt? ___ Yes X No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I I I

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization
K - Other (Specify):



12. Are any research activities involving human subjects planned at
any time during the proposed project period?

___ Yes (Go to 12a.) XX No (Go to item 13.)

12a. Are all the research activities proposed designated to be
exempt from the regulations?

___ Yes (Provide Exemption(s) #):

___ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

A Mentoring program that will provide children at risk of academic failure with

academic assistance, recreation, tutoring, & positive interactions with caring adults

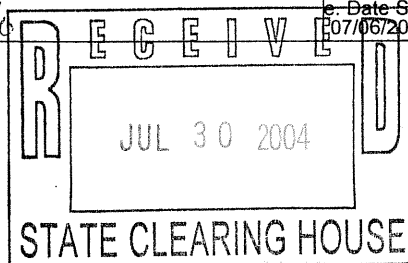
APPLICATION FOR FEDERAL ASSISTANCE



05-2004-070 approval 7/22/04 Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 07/07/2004	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Southern California Presbyterian Homes		Organizational Unit: Department: Affordable Housing		
Organizational DUNS: 06-992-5345		Division: Corporate Office		
Address: Street: 516 Burchett Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Glendale,		Prefix: Ms.	First Name: Sally	
County: Los Angeles		Middle Name		
State: California	Zip Code 91203	Last Name Little		
Country: United States of America		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1894293		Phone Number (give area code) (818) 247-0420		Fax Number (give area code) (818) 247-3871
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for profit organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Section 202 Supportive Housing for the Elderly Program		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Fresno, County of Fresno, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of an 68-unit affordable housing community for low income seniors in the city of Fresno, California, to be developed under the Section 202 Supportive Housing for the elderly Capital Grant Advance.		
13. PROPOSED PROJECT Start Date: 7/01/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 27		
Ending Date: 7/01/06		b. Project 19		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 7,600,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/14/04		
b. Applicant	\$ 25,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 7,625,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.	First Name Sally	Middle Name		
Last Name Little		Suffix		
b. Title Vice President, Affordable Housing		c. Telephone Number (give area code) (818) 247-0420		
d. Signature of Authorized Representative <i>Sally Little</i>		e. Date Signed 07/06/2004		

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

RCH
#304

05-2004-071 Approved 7/24/04

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 07/07/2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Southern California Presbyterian Homes		Organizational Unit: Department: Affordable Housing	
Organizational DUNS: 06-992-5345		Division: Corporate Office	
Address: Street: 516 Burchett Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms.	
City: Glendale,		First Name: Sally	
County: Los Angeles		Middle Name	
State: California		Last Name Little	
Zip Code 91203		Suffix:	
Country: United States of America		Email: sallylittle@scphs.com	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-1894293

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

(See back of form for description of letters.)

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

14-157

TITLE (Name of Program):
Section 202 Supportive Housing for the Elderly Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

City of Clovis, County of Fresno, California

13. PROPOSED PROJECT

Start Date:
7/01/05Ending Date:
7/01/06

15. ESTIMATED FUNDING:

a. Federal	\$	8,400,000.00
b. Applicant	\$	25,000.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	8,425,000.00

7. TYPE OF APPLICANT: (See back of form for Application Types)

O - Not for profit organization

Other (specify)

9. NAME OF FEDERAL AGENCY:

U.S. Department of Housing and Urban Development

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Construction of an 68-unit affordable housing community for low income seniors in the city of Fresno, California, to be developed under the Section 202 Supportive Housing for the elderly Capital Grant Advance.

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
27b. Project
19

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: 06/14/2004

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

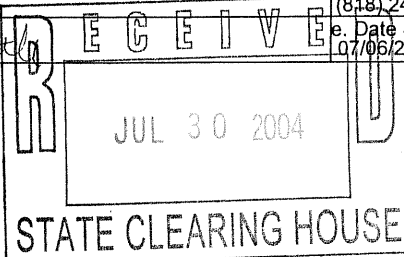
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Ms.	First Name Sally	Middle Name
Last Name Little		Suffix
b. Title Vice President, Affordable Housing		c. Telephone Number (give area code) (818) 247-0420
d. Signature of Authorized Representative <i>Sally Little</i>		e. Date Signed 07/06/2004

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Prescribed by OMB Circular A-102

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: City of Firebaugh	Organizational Unit: Department: Police/Fire Dept's
Organizational DUNS: 143922875	Division: Administrative
Address: Street: 1575 11th Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jose
City: Firebaugh	Middle Name: Antonio
County: Fresno	Last Name: RAMIREZ
State: Ca Zip Code: 93622	Suffix:
Country: USA	Email: citymanager@ci.firebaugh.ca.us

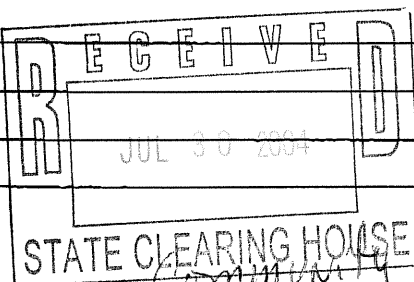
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000333	Phone Number (give area code): (559) 659-2043 Fax Number (give area code): (559) 659-3412
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)
9. NAME OF FEDERAL AGENCY:	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-789	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase of emergency response vehicles for police and fire
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Firebaugh, City of	

13. PROPOSED PROJECT Start Date: Ending Date:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20th District b. Project 20th District
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 30,126	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 170,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ 30,000	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 230,126	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative	
Prefix: Mr First Name: Jose	Middle Name: Antonio
Last Name: RAMIREZ	Suffix:
b. Title: City Manager	c. Telephone Number (give area code): (559) 659-2043
d. Signature of Authorized Representative: [Signature]	e. Date Signed: 07/02/04



Community
Facilities Program First Responder

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

 Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: MANA, A National Latina OrganizationAddress: 1725 K Street, NW., Suite 501
Washington
City

DC
State

County

20006 - 1420
ZIP Code + 4

Organizational Unit

HERMANITAS® PROGRAM

2. Applicant's D-U-N-S Number 1181 8381 09193. Applicant's T-I-N 15121-111019151111114. Catalog of Federal Domestic Assistance #: 84. 118141B1Title: Mentoring Programs5. Project Director: Alma Morales RiojasAddress: 1725 K Street, N.W., Suite 501
Washington DC 20006 - 1420
City State Zip code + 4
Tel. #: (202) 833 - 0060 Fax #: (202) 496 - 0588E-Mail Address: hermana2@aol.com6. Novice Applicant Yes No7. Is the applicant delinquent on any Federal debt? Yes No
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) I
 A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit
College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making
Organization

K - Other (Specify)

Application Information

9. Type of Submission:

PreApplication Application
Construction Construction
Non-Construction X Non-Construction
10. Is application subject to review by Executive Order 12372 process?
X Yes (Date made available to the Executive Order 12372
process for review): 6/28/2004No (If "No," check appropriate box below.)Program is not covered by E.O. 12372.Program has not been selected by State for review.11. Proposed Project Dates: 9/1/2004 9/1/2007
Start Date: End Date:

Estimated Funding

 14a. Federal \$ 200,000 .00
b. Applicant \$ _____ .00
c. State \$ 0 .00
d. Local \$ 0 .00
e. Other \$ 75,000 .00
f. Program Income \$ _____ .00
g. TOTAL \$ 275,000 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Alma Morales Riojasb. Title: President & CEOc. Tel. #: (202) 833 - 0060 Fax #: (202) 496 - 0588d. E-Mail Address: hermana2@aol.com

e. Signature of Authorized Representative.

Date: 7/7/0412. Are any research activities involving human subjects planned at any time during the proposed project period?
Yes (Go to 12a.) X No (Go to item 13.)12a. Are all the research activities proposed designated to be exempt from the regulations?
Yes (Provide Exemption(s) #): _____No (Provide Assurance #): _____

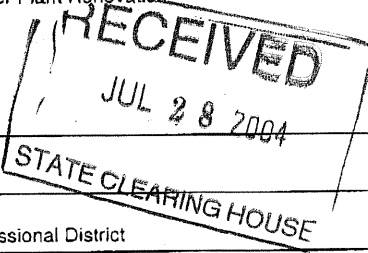
13. Descriptive Title of Applicant's Project:

HERMANITAS®, A National Latina Youth Mentorship Program

APPLICATION FOR
FEDERAL ASSISTANCE

VAF10-0388C.1 ATTACHMENT A

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/28/04	Applicant Identifier
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 9/15/02	State Application Identifier n/a
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California Department of Veterans Affairs		Organizational Unit: Capital Development and Construction Division	
Address (give city, county, State, and zip code): 1227 "O" Street, Suite 314 Sacramento, CA 95814		Name and telephone number of person to be contacted on matters involving this application (give area code): Robert M. Johnson Capital Outlay and Construction Division 916 653-0240	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 3 8 1 5 7		7. TYPE OF APPLICANT: (enter appropriate letter in box) A	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: Department of Veterans Affairs	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Grants to States for Construction Projects 6 4 — 0 0 5 TITLE: Acquisition of State Homes Facilities		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: VHC-Yountville Central Power Plant Renovation	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California: Napa County; City of Yountville			
13. PROPOSED PROJECT Start Date: 10-1-05 Ending Date: 10-2-06			
14. CONGRESSIONAL DISTRICTS OF: a. Applicant Robert Matsui, 5th CA Congressional District		b. Project Mike Thompson, 1st CA Congressional District	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 740,350.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE July 28, 2004	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 398,650.00		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 1,139,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Tom Johnson, FACHE		b. Title Secretary California Department of Veterans Affairs	c. Telephone Number 916 653-2158
d. Signature of Authorized Representative		e. Date Signed	

APPLICATION FOR
FEDERAL ASSISTANCE

VAF10-0388C.1 ATTACHMENT A

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/28/04	Applicant Identifier
<input checked="" type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 9/15/02	State Application Identifier n/a
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California Department of Veterans Affairs		Organizational Unit: Capital Development and Construction Division	
Address (give city, county, State, and zip code): 1227 "O" Street, Suite 314 Sacramento, CA 95814		Name and telephone number of person to be contacted on matters involving this application (give area code) Robert M. Johnson Capital Outlay and Construction Division 916 653-0240	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 3 8 1 5 7		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"><div>A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District</div><div>H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____</div></div> <div style="text-align: right;"><input checked="" type="checkbox"/> A</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between;"><div>A. Increase Award D. Decrease Duration</div><div>B. Decrease Award Other (specify): _____</div><div>C. Increase Duration</div></div>		9. NAME OF FEDERAL AGENCY: Department of Veterans Affairs	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Grants to States for Construction Projects 6 4 — 0 0 5 TITLE: Acquisition of State Homes Facilities		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: VHC-Yountville Administration Building Renovation	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California: Napa County; City of Yountville		<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); text-align: center;">RECEIVED JUL 28 2004 STATE CLEARING HOUSE</div>	
13. PROPOSED PROJECT Start Date: 10-1-05 Ending Date: 10-2-06			
14. CONGRESSIONAL DISTRICTS OF: a. Applicant Robert Matsui, 5th CA Congressional District		b. Project Mike Thompson, 1st CA Congressional District	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 2,945,800.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE July 28, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$		
c. State	\$ 1,586,200.00		
d. Local	\$		
e. Other	\$		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 4,532,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Tom Johnson, FACHE		b. Title Secretary California Department of Veterans Affairs	c. Telephone Number 916 653-2158
d. Signature of Authorized Representative		e. Date Signed	

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

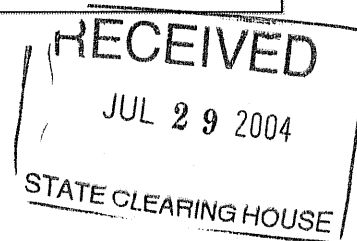
Recipient ID:	2271
Recipient Name:	CLAREMONT, CITY OF
Project ID:	CA-03-0692
Budget Number:	1 - Budget Pending Approval
Project Information:	Claremont Intermodal Transit Facility

Part 1: Recipient Information

Project Number:	CA-03-0692
Recipient ID:	2271
Recipient Name:	CLAREMONT, CITY OF
Address:	207 HARVARD AVENUE , CLAREMONT, CA 91711 0000
Telephone:	(909) 399-5400
Facsimile:	(909) 399-5492

Union Information

No information found.



Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$1,534,750
Project Number:	CA-03-0692	Adjustment Amt:	\$0
Project Description:	Claremont Intermodal Transit Facility	Total Eligible Cost:	\$1,534,750
Recipient Type:	City	Total FTA Amt:	\$1,227,800
FTA Project Mgr:	John Ottomanelli (213) 202-3957	Total State Amt:	\$0
Recipient Contact:	Michael Busch (909) 399-5456	Total Local Amt:	\$306,950
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309	S.C. Tgt. Date:	None Specified

State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Dec. 01, 2004 - Jun. 30, 2006	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	Not Applicable	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Jul. 09, 2004		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	26	David Dreier

Project Details

Through this application, the City of Claremont will be constructing a 485 space parking facility as part of a transit oriented development for bus commuters, future Gold Line patrons and for planned mixed use development. The facility will include four (4) parking levels, public bathrooms, a public plaza area and bicycle amenities (lockers). The project is located within the Village expansion project area which is immediately adjacent to the Metrolink Right-of-Way and also the future Gold Line Right-of-Way. The facility is within 1/8 mile from the Foothill Transit Store and the City's historic transit depot, which is the location of the City's Metrolink Station. The facility is funded from a combination of Section 5309 Funds, TE funds and local dollars. The construction cost is estimated at \$8.1 million. As a project participant, Foothill Transit will allocate \$2.3 million in Section 5309 funds to the project through a separate application. Currently, the project is in design. Award of the construction contract is not anticipated until January 2005. The construction period is estimated at 15-18 months with the project open by June 2006.

The project is included in the FTIP as project LAOD103.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
<u>SCOPE</u>			
113-00 BUS - STATION/STOPS/TERMINALS	0	\$1,227,800	\$1,534,750
<u>ACTIVITY</u>			

11.33.03 CONSTRUCT - INTERMODAL BUS TERMINAL	0	\$1,227,800	\$1,534,750
Estimated Total Eligible Cost:			\$1,534,750
Federal Share:			\$1,227,800
Local Share:			\$306,950

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

11.13.00	BUS - STATION/STOPS/TERMINALS	Gasoline
----------	-------------------------------	----------

Extended Budget Descriptions

Changes since the Prior Budget

Unable to find change amount information.

Part 4. Milestones

11.33.03 CONSTRUCT - INTERMODAL BUS TERMINAL 0 \$1,227,800 \$1,534,750

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Jan. 31, 2005
2.	Contract Award	Mar. 15, 2005
3.	Contract Complete	Jun. 30, 2006

Part 5. Environmental Findings

11300 BUS - STATION/STOPS/TERMINALS 0 \$1,227,800 \$1,534,750

Finding No. 1 - Class II(c)

C13 - Ridesharing activities
Ridesharing activities.

Finding Details: The Claremont Intermodal Transit Facility will function as a bus transit and future light rail transit park-and-ride facility. These qualify as ridesharing activities.

**113303 CONSTRUCT - INTERMODAL BUS
TERMINAL**

0 \$1,227,800 \$1,534,750

Finding No. 1 - Class II(c)

C13 - Ridesharing activities
Ridesharing activities.

Finding Details: The Claremont Intermodal Transit Facility will function as a bus transit and future light rail transit park-and-ride facility. These qualify as ridesharing activities.

Part 6: Fleet Status

Paratransit

		<u>Before</u>	<u>Change</u>	<u>After</u>
I.	Active Fleet			
	A. Peak Requirement	4	0	4
	B. Spares	2	0	2
	C. Total (A+B)	6	0	6
	D. Spare Ratio (B/A)	50.00%	0.00%	50.00%
II.	Inactive Fleet			
	A. Other	0	0	0
	B. Pending Disposal	0	0	0
	C. Total (A+B)	0	0	0
III.	Total (I.C and II.C)	6	0	6

This project is for the construction of an Intermodal facility that will be used by Claremont Dial-a-Ride, Foothill Transit and as a future Gold Line parking facility.

Part 7. FTA Comments

No information found.

Part 8: Results of Reviews

The reviewer did not find any errors

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

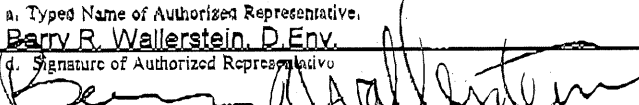
1. Type of Submission: Application _____ Preapplication _____ ____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986 6. D U N S Number: 808321913		4. Date Rec'd by Federal	Federal Identifier LS 97928301
8. Type of Application: ____ New ____ <input checked="" type="checkbox"/> Revision ____ Continuation If Revision, enter appropriate letter(s): ____ A ____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Elizabeth Haven (916) 341-5752	
10. Catalog of Federal Domestic Assistance Number 66.805 Title: Leaking Underground Storage Tank Trust Fund		7. Type of Applicant: (enter appropriate letter) ____ A ____ A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
12. Area Affected by Project: (cities, counties, states, etc.) California		9. Name of Federal Agency: U. S. Environmental Protection Agency	
13. Proposed Project: Start Date 7/1/02 End Date 6/30/05		11. Descriptive Title of Applicant's Project: Continue to develop and implement effective regulatory programs for the prevention, detection, and correction of releases from leaking UST systems containing petroleum or hazardous substances regulated under the Resource Conservation and Recovery Act (RCRA) Subtitle I.	
15. ESTIMATED FUNDING: a. Federal \$3,538,351 b. Applicant \$0 c. State \$393,150 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$3,931,501		14. Congressional District of: Applicant: 3 Project: California - All	
		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: July 29, 2004 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the State for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation ____ <input checked="" type="checkbox"/> NO	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

APPLICATION FOR FEDERAL ASSISTANCE

VAF10-0388C.1 ATTACHMENT A

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/1/04	Applicant Identifier
		3. DATE RECEIVED BY STATE 9/15/02	State Application Identifier n/a
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION Legal Name: California Department of Veterans Affairs Address (give city, county, State, and zip code): 1227 "O" Street, Suite 314 Sacramento, CA 95814 Organizational Unit: Capital Development and Construction Division Name and telephone number of person to be contacted on matters involving this application (give area code): Robert M. Johnson Capital Outlay and Construction Division 916 653-0240			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 3 8 1 5 7		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ <input checked="" type="checkbox"/> A	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: Department of Veterans Affairs	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Grants to States for Construction Projects TITLE: Acquisition of State Homes Facilities 6 4 - 0 0 5		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: VHC-Yountville Telecommunications and Network Component Renovation	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California: Napa County; City of Yountville			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10-1-05	Ending Date 10-2-06	a. Applicant Robert Matsui, 5th CA Congressional District	
15. ESTIMATED FUNDING:		b. Project Mike Thompson, 1st CA Congressional District	
a. Federal	\$ 1,950,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE April 1, 2004	
c. State	\$ 1,050,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 3,000,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Tom Johnson, FACHE		b. Title Secretary California Department of Veterans Affairs	
d. Signature of Authorized Representative		c. Telephone Number 916 653-2158	
		e. Date Signed	

APPLICATION JUL 27 '04 03:39PM AQMD FINANCE FEDERAL ASSISTANCE		2. DATE SUBMITTED 7-27-04		Applicant Identifier R9 Tracking # 04-0433	
1. TYPE OF SUBMISSION Application		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT			Organizational Unit:		
Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765			Name and telephone number of the person to be contacted on matters involving this application (give area code) Mary Leonard (909) 396-2780		
6. EMPLOYER IDENTIFICATION (EIN): 953099419			7. TYPE OF APPLICANT: (enter appropriate letter here) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): Regional Agency		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.001 TITLE: Air Pollution Control Program Support			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2004-05 Air Pollution Control Program Support		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the and non-desert areas of San Bernardino, Los Angeles, and Riverside Counties					
13. PROPOSED PROJECT: Start Date End Date		14. CONGRESSIONAL DISTRICT OF: a. Applicant: b. Project:			
10/01/04 09/30/05		24-48 24-48			
15. Estimated Funding:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE: 7-27-04 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal		\$ 4,455,372			
b. Applicant		\$ 80,862,748			
c. State		\$ 4,021,970			
d. Local		\$			
e. Other		\$			
f. Program Income		\$			
g. TOTAL		\$ 89,340,090			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative: Barry R. Wallerstein, D.Env.			b. Title: Executive Officer		c. Telephone Number (909) 396-2100
d. Signature of Authorized Representative: 			e. Date Signed: 7/27/04		

Application for Federal
Education Assistance (ED 424)



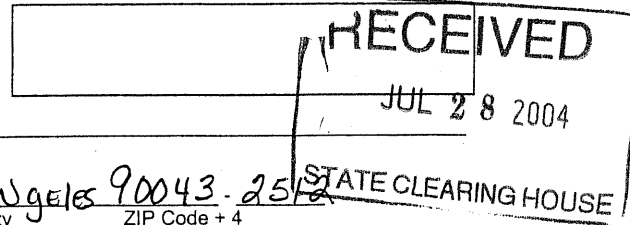
U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address
Legal Name: Word Empowerment Ministries
Address: 5400 11th Avenue

Organizational Unit



Los Angeles
City

CA Los Angeles 90043-2512
State County ZIP Code + 4

2. Applicant's D-U-N-S Number 143591340

6. Novice Applicant ☒ Yes ☐ No

3. Applicant's T-I-N 951-4591016

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: Mentoring Programs

8. Type of Applicant (Enter appropriate letter in the box.) I

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization

K - Other (Specify):

5. Project Director: Andrew Russell Stanch

Address: 13535 Jefferson Ave
Hawthorne CA 902506021
City State Zip code + 4
Tel. #: (310) 679-5288 Fax #: (310) 644-2987

E-Mail Address: _____

Application Information

9. Type of Submission:
☒ Pre-Application ☐ Construction
☐ Non-Construction ☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☒ Yes (Date made available to the Executive Order 12372 process for review): 07/06/04

☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: 5/28/04 07/07/04
Start Date: End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?
☐ Yes (Provide Exemption(s) #): _____

☐ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

"Breaking The Mold" LifeSkills Youth Development Mentoring Program

Estimated Funding

14a. Federal \$ 251,805 .00
b. Applicant \$ - 0 - .00
c. State \$ - 0 - .00
d. Local \$ - 0 - .00
e. Other \$ - 0 - .00
f. Program Income \$ - 0 - .00
g. TOTAL \$ 251,805 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Andrew Russell Stanch

b. Title: Director

c. Tel. #: (310) 679-5288 Fax #: (310) 644-2987

d. E-Mail Address: _____

e. Signature of Authorized Representative

Date: 07/06/04

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED JUN - 1 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: South Tulare County Memorial District		Organizational Unit: Department:	
Organizational DUNS: 36-180-0626		Division:	
Address: Street: P.O. Box 10148		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Joe Middle Name: Ray Last Name: McPhetridge Suffix:	
City: Earlimart County: Tulare State: CA Zip Code 93219-0148		Email:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6024065		Phone Number (give area code) (559) 757-3870 Fax Number (give area code) (559) 757-5403	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) G - Special District Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE (Name of Program): Community Facilities Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Parking lot renovation at Richgrove and Earlimart Veterans Memorial Buildings	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Earlimart and Richgrove, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Rep. Devin Nunes b. Project Rep. Devin Nunes	
13. PROPOSED PROJECT Start Date: 10/1/04 Ending Date: 9/30/05		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal \$ 87,444 b. Applicant \$ 71,545 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 158,989			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix Mr. First Name Joe Middle Name Ray Last Name McPhetridge Title Director Signature of Authorized Representative		c. Telephone Number (give area code) (559) 757-3870 e. Date Signed 5/26/04	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY JUN - 1 2004	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: South Tulare County Memorial District	Organizational Unit: Department:
Organizational DUNS: 36-180-0626	Division:
Address: Street: P.O. Box 10148	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Joe
City: Earlimart	Middle Name: Ray
County: Tulare	Last Name: McPhetridge
State: CA Zip Code: 93219-0148	Suffix:
Country:	Email:

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6024065	Phone Number (give area code): (559) 757-3870	Fax Number (give area code): (559) 757-5403
--	--	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) G - Special District Other (specify)
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9. NAME OF FEDERAL AGENCY: USDA Rural Development
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE (Name of Program): Community Facilities Grant Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Parking lot renovation at Richgrove and Earlimart Veterans Memorial Buildings
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Earlimart and Richgrove, California
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13. PROPOSED PROJECT Start Date: 10/1/04 Ending Date: 9/30/05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant Rep. Devin Nunes b. Project Rep. Devin Nunes
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 87,444	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$ 71,545	DATE:
c. State \$	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 158,989	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative	
Prefix Mr. First Name Joe Middle Name Ray	
Last Name McPhetridge Suffix	
b. Title Director	c. Telephone Number (give area code) (559) 757-3870
d. Signature of Authorized Representative	e. Date Signed 5/26/04

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <u>X</u> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
		3. Date Rec'd by State	State Application Identifier
		4. Date Rec'd by Federal	Federal Identifier CE 97902801
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		Organizational Unit: Los Angeles Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Guangyu Wang (213) 576-6639	
6. Employer Identification Number (EIN): 68--0281986 6. D U N S Number: 808321913		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify) RECEIVED JUL 27 2004	
8. Type of Application: ____ New <u>X</u> Revision ____ Continuation If Revision, enter appropriate letter(s): <u>A</u> <u>C</u> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		9. Name of Federal Agency: U. S. Environmental Protection Agency STATE CLEARING HOUSE	
10. Catalog of Federal Domestic Assistance Number 66.456 Title: National Estuary Program		11. Descriptive Title of Applicant's Project: Scope of the overall workplan continues to be devoted to management and oversight of storm water pollution control, habitat restoration and other bond-related projects; development of long-term restoration and pollution control strategies in targeted watersheds; updates and refinement of environmental indicators; reports and tracking; outreach programs and completing establishment of new joint powers authority.	
12. Area Affected by Project: (cities, counties, states, etc.) Santa Monica Bay, California			
13. Proposed Project: Start Date 9/30/01 End Date 9/30/05		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$421,201 b. Applicant \$0 c. State \$295,072 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$716,273		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <u>X</u> This application/preapplication was made available to the State EO 12372 process for review on: Date: July 27, 2004 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ <u>X</u> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier																												
5. APPLICANT INFORMATION																															
Legal Name: Point Arena Light Station		Organizational Unit: Point Arena Lighthouse Keepers, Inc.																													
Address (give city, county, State, and zip code): P. O. Box 11/45500 Lighthouse Road Point Arena, California 95468		Name and telephone number of person to be contacted on matters involving this application (give area code) Jeff Gales, Managing Director																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 2 8 4 1 6 3 6 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;"> N. </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit Org.</u> </div> </div>																													
8. TYPE OF APPLICATION: <div style="text-align: center;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="font-size: x-small;"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____ </div>		9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture, Rural Dev., California																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 — 7 6 6 </div> TITLE: Standard Form 424		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Paving and grading of grounds from kiosk to the Light Station, Fog Signal Building and Keepers Houses. Repaving is necessary to repair extremely hazardous driveway deterioration and grading of designated surfaces critical to helping control further erosion of the Point.																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State & Mendocino County - Promote tourism of a historical site.																															
13. PROPOSED PROJECT Start Date Ending Date 1/2/05 3/1/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Point Arena Lighthouse Keepers, Inc. b. Project Paving & Grading Light Station Grounds																													
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																													
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">50,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">50,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td></td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td></td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">100,000</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	50,000	.00	b. Applicant	\$	50,000	.00	c. State			.00	d. Local	\$.00	e. Other	\$.00	f. Program Income			.00	g. TOTAL	\$	100,000	.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	50,000	.00																												
b. Applicant	\$	50,000	.00																												
c. State			.00																												
d. Local	\$.00																												
e. Other	\$.00																												
f. Program Income			.00																												
g. TOTAL	\$	100,000	.00																												
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																													
a. Type Name of Authorized Representative Jeff Gales		b. Title Managing Director																													
c. Telephone Number (707) 882-2777		d. Signature of Authorized Representative 																													
e. Date Signed July 21, 2004																															

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION:

Application

☒ Construction

☐ Non-Construction

Pre-application

☐ Construction

☐ Non-Construction

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

Burbank Housing Development Corporation

Organizational DUNS:

103427225

Address:

Street:
3432 Mendocino Ave

City:
Santa Rosa

County:
Sonoma

State:
CA

Zip Code
95403

Country:
USA

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 2 8 3 7 7 8 5

8. TYPE OF APPLICATION:

☒ New

☐ Continuation

☐ Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 4 - 1 5 7

TITLE (Name of Program):

Section 202 Supportive Housing for the Elderly

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Santa Rosa, Sonoma County, California

13. PROPOSED PROJECT

Start Date:
10/05/2005

Ending Date:
10/05/2045

15. ESTIMATED FUNDING:

a. Federal	\$	6,097,900 ⁰⁰
b. Applicant	\$	10,000 ⁰⁰
c. State	\$	
d. Local	\$	1,865,600 ⁰⁰
e. Other	\$	270,000 ⁰⁰
f. Program Income	\$	
g. TOTAL		8,243,500 ⁰⁰

RECEIVED
JUL 23 2004
STATE CLEARING HOUSE

Organizational Unit:

Department:

Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix:

First Name:

Mr.

John

Middle Name

Last Name

Lowry

Suffix:

Email:

JohnL@BurbankHousing.org

Phone Number (give area code)

(707) 526-1020 x213

Fax Number (give area code)

(707) 526-9811

7. TYPE OF APPLICANT: (See back of form for Application Types)

O. Not for Profit organization

Other (specify)

9. NAME OF FEDERAL AGENCY:

Housing and Urban Development

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Jennings Senior Apartments

55 Apartments for very low income elderly including one manager's unit
HUD provides Capital Advance and Rent Assistance

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
6th

b. Project
6th

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒

THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: July 21, 2004

b. No. ☐

PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix
Mr.

First Name
John

Middle Name

Last Name
Lowry

Suffix

b. Title
President/Executive Director

c. Telephone Number (give area code)
(707) 526-1020 x213

d. Signature of Authorized Representative

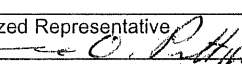
e. Date Signed

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
<input checked="" type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	
<input type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: Episcopal Homes Foundation			Organizational Unit: Department:		
Organizational DUNS: 071695449			Division:		
Address: Street: 3650 Mt. Diablo Blvd., Ste. 100			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Lafayette			Prefix: Mr.		First Name: Laurence
County: Contra Costa			Middle Name O.		
State: CA			Last Name Pratt		
Zip Code 94549			Suffix: Jr.		
Country: USA			Email: lpratt@ehf.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6130471			Phone Number (give area code) (925) 284-6819		Fax Number (give area code) (925) 283-9651
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157			9. NAME OF FEDERAL AGENCY: Housing and Urban Development		
TITLE (Name of Program): Section 202 Supportive Housing for the Elderly			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Jennings Senior Housing 55 Apartments for very low income elderly including one manager's unit HUD provides Capital Advance and Rent Assistance		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Santa Rosa, Sonoma County, California			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 10th b. Project 6th		
13. PROPOSED PROJECT Start Date: 10/05/2005 Ending Date: 10/05/2045			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 6, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$	6,097,900.00	<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> RECEIVED JUL 23 2004 STATE CLEARING HOUSE </div>		
b. Applicant	\$	10,000.00			
c. State	\$				
d. Local	\$	1,865,600.00			
e. Other	\$	270,000.00			
f. Program Income	\$				
g. TOTAL	\$	8,243,500.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Laurence		Middle Name O.	
Last Name Pratt		Suffix Jr.			
b. Title President/CEO		c. Telephone Number (give area code) (925) 284-6819			
d. Signature of Authorized Representative 		e. Date Signed 7/13/2004			

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED July 21, 2004	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION: Application	Pre-application
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

5. APPLICANT INFORMATION	
Legal Name: City of Goleta	Organizational Unit: Department: City Manager's Office
Organizational DUNS: 121312131	Division:
Address: Street: 130 Cremona Drive, Ste. B	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Goleta	Prefix: Ms.
County: Santa Barbara	First Name: Patrice
State: CA	Middle Name: Jean
Zip Code: 93117	Last Name: Frey
Country: USA	Suffix:
Email: pfrey@cityofgoleta.org	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0580291	Phone Number (give area code) (805) 961-7506	Fax Number (give area code) (805) 685-2635
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 68-811	9. NAME OF FEDERAL AGENCY: Environmental Protection Agency
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11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Goleta Old Town Brownfield Assessment	12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Goleta
--	---

13. PROPOSED PROJECT Start Date: October 1, 2004 Ending Date: September 30, 2006	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 23rd California b. Project 23rd California
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 104,783	a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$	DATE:
c. State \$	b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 104,783	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative	
Prefix Mr.	First Name Frederick
Last Name Stouder	Middle Name Charles
b. Title City Manager	Suffix
d. Signature of Authorized Representative	c. Telephone Number (give area code) (805) 961-7501
	e. Date Signed 7/20/2004

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 07/22/2004	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Accessible Space, Inc.		Department:	
Organizational DUNS: 03-747-4970		Division:	
Address: Street: 2550 University Avenue, Suite 330N City: St. Paul County: Ramsey State: Minnesota		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Stephen Middle Name: Last Name: Vander Schaaf Suffix:	
Zip Code: 55114	Country: U. S. A.	Email: svanderschaaf@accessiblespace.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 4 1 - 1 3 3 0 2 4 2		Phone Number (give area code) (651) 645-7271	Fax Number (give area code) (651) 645-0541
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 4 - 1 8 1 TITLE (Name of Program): Supportive Housing for Persons with Disabilities		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Poway, San Diego County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Poway, California Supportive Housing Development, a 15 unit, fully accessible apartment building for adults with physical disabilities. (14 - one bedroom and 1 - two bedroom)	
13. PROPOSED PROJECT Start Date: 10/01/2004 Ending Date: 10/01/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant MN 04 b. Project CA 52	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,893,400.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 22, 2004	
b. Applicant	\$ 10,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 1,903,400.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Stephen	Middle Name	
Last Name Vander Schaaf		Suffix	
b. Title President/CEO		c. Telephone Number (give area code) (651) 645-7271	
d. Signature of Authorized Representative		e. Date Signed 07/20/2004	

**APPLICATION FOR
FEDERAL ASSISTANCE**

2. DATE SUBMITTED

Applicant Identifier

1. TYPE OF SUBMISSION:

Application

☐ Construction☒ Non-Construction

Preapplication

☐ Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

San Diego County Regional Airport Authority

Organizational Unit:

Department: **Airport Planning**

Organizational DUNS:

Division: **Strategic Planning**

Address:

Street: **P.O. Box 82776**

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: **Mr.**First Name: **Ted**

Middle Name:

City: **San Diego**Last Name: **Anasis**County: **San Diego**Suffix: **AICP**State: **California**Zip Code: **92138-2776**Email: **tanasis@san.org**Country: **USA**

Phone number (give area code):

(619) 400-2478

FAX number (give area code):

(619) 400-2458

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

7 5 - 3 0 1 9 7 1 3

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es):
(See back of form for description of letters)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

NOther (specify): **Airport Authority****San Diego County Regional Airport Authority is a local government entity of regional government.**

9. NAME OF FEDERAL AGENCY

Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2 0 - 1 0 6TITLE: **Airport Improvement Program**

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

San Diego County

13. PROPOSED PROJECT

Start Date

Ending Date

15. ESTIMATED FUNDING

a. Federal	\$	900,000	.00
b. Applicant	\$	300,000	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program income	\$		.00
g. TOTAL	\$	1,200,000	.00

14. CONGRESSIONAL DISTRICTS OF

a. Applicant

53

b. Project

49-5316. IS APPLICATION SUBJECT TO REVIEW BY STATE
EXECUTIVE ORDER 12372 PROCESSa. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ONDATE: **July 21, 2004**b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR
REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix **Mr.**First Name **Vernon**Middle Name **D.**Last Name **Evans**

Suffix

b. Title **Vice President/CFO, San Diego County Regional Airport Authority**

c. Telephone number (give area code)

(619) 400-2444

d. Signature of Authorized Representative

e. Date Signed

7/20/04

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier
---	--	---	--

5. APPLICANT INFORMATION Legal Name: COUNTY OF KERN Organizational DUNS: 063811350 Address: Street: 1115 TRUXTUN AVENUE City: BAKERSFIELD, CA County: KERN State: CA Zip Code: 93301 Country: UNITED STATES		Organizational Unit: Department: KERN COUNTY SHERIFF'S DEPARTMENT Division: RURAL CRIME INVESTIGATION UNIT Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: LIZ Middle Name: Last Name: MONEY Suffix: Email: money@co.kern.ca.us Phone Number (give area code): 661-391-7761 Fax Number (give area code): 661-391-7515
---	--	---

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000925	7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)
---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	9. NAME OF FEDERAL AGENCY: USDA - RURAL DEVELOPMENT
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-766 COMMUNITY FACILITIES GRANT	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SURVEILLANCE EQUIPMENT FOR SHERIFF'S RURAL CRIME INVESTIGATION UNIT
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated Kern, Lake Isabella, Weedpatch	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 22nd b. Project 22nd
---	---

13. PROPOSED PROJECT Start Date: 9/1/04 Ending Date: 6/30/05	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/22/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
--	--

15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:20%;">\$</td> <td style="width:20%;">45,000</td> <td style="width:20%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>15,000</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>60,000</td> <td>.00</td> </tr> </table>	a. Federal	\$	45,000	.00	b. Applicant	\$	15,000	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	60,000	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	45,000	.00																										
b. Applicant	\$	15,000	.00																										
c. State	\$.00																										
d. Local	\$.00																										
e. Other	\$.00																										
f. Program Income	\$.00																										
g. TOTAL	\$	60,000	.00																										

RECEIVED
 JUL 26 2004
 STATE CLEARING HOUSE

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative Prefix	First Name: Willy	Middle Name:
Last Name: Wahl	Title: Chief Deputy	c. Telephone Number (give area code): 661-391-7771
d. Signature of Authorized Representative	e. Date Signed: 07/22/04	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY 		Applicant Identifier State Application Identifier Federal Identifier	
---	--	---	--	--	--

5. APPLICANT INFORMATION					
Legal Name: COUNTY OF KERN			Organizational Unit: Department: SHERIFF'S DEPARTMENT		
Organizational DUNS: 063811350			Division: SPECIAL WEAPONS & TACTICS		
Address: Street: 1115 TRUXTUN AVENUE			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: BAKERSFIELD			Prefix:		First Name: KEITH
County: KERN			Middle Name		
State: CA			Last Name: NELSON		
Zip Code: 93301			Suffix:		
Country: UNITED STATES			Email: nelson@co.kern.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000925			Phone Number (give area code) 661-391-7600		Fax Number (give area code) 661-391-7515
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) B		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-766 COMMUNITY FACILITIES GRANT			9. NAME OF FEDERAL AGENCY:		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): UNINCORPORATED KERN, LAKE ISABELLA, BODFISH			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RADIO EQUIPMENT FOR SHERIFF'S SWAT TEAM		
13. PROPOSED PROJECT Start Date: 7/1/04 Ending Date: 6/30/05			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 22nd b. Project 22nd		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	7,875	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	2,625	DATE: 7/22/04		
c. State	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	10,500			

RECEIVED
 JUL 26 2004
 STATE CLEARING HOUSE

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name: Willy		Middle Name	
Last Name		Wahl		Suffix	
b. Title		Chief Deputy		c. Telephone Number (give area code) 661-391-7771	
d. Signature of Authorized Representative		e. Date Signed: 07-22-04			

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 22, 2004	Applicant Identifier
				3. DATE RECEIVED BY STATE	State Application Identifier
				4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION					
Legal Name: Elderly Housing Development and Operations Corporation				Organizational Unit: Department:	
Organizational DUNS: 149518453				Division:	
Address: Street: 1580 Sawgrass Corporate Parkway, Suite 210				Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Fort Lauderdale				Prefix: Ms.	First Name: Jennifer
County: Broward				Middle Name E.	
State: FL				Last Name Wintner	
Zip Code 33323				Suffix:	
Country: USA				Email: jenwintner@aol.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 65-0665009				Phone Number (give area code) 216-932-4443	Fax Number (give area code) 216-932-4463
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>				7. TYPE OF APPLICANT: (See back of form for Application Types) O (nonprofit) Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157				9. NAME OF FEDERAL AGENCY: HUD	
TITLE (Name of Program): Section 202				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 60 unit 202 housing for low-income seniors	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fontana, San Bernardino, CA				14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20 b. Project 45	
13. PROPOSED PROJECT Start Date: 9/05 Ending Date: 9/06				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal		\$ 6,045,000			
b. Applicant		\$ 10,000			
c. State		\$			
d. Local		\$			
e. Other		\$			
f. Program Income		\$			
g. TOTAL		\$ 6,055,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Steve		Middle Name	
Last Name Protulis				Suffix	
b. Title executive director				c. Telephone Number (give area code) 954-835-9200	
d. Signature of Authorized Representative				e. Date Signed 7/1/04	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 14, 2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Fresno County Economic Opportunities Commission				Organizational Unit: Department:	
Organizational DUNS: 07-878-8023				Division:	
Address: Street: 1920 Mariposa Mall, Suite 300				Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Fresno				Prefix: Mr. First Name: Paul	
County: Fresno				Middle Name	
State: California Zip Code 93721				Last Name McLain-Lugowski	
Country: USA				Suffix:	
Email: paul.mclain-lugowski@fresnoeoc.org				Phone Number (give area code) 559-264-1048	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1606519				Fax Number (give area code) 559-264-1004	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)				7. TYPE OF APPLICANT: (See back of form for Application Types) Non Profit Community Development Corporation	
Other (specify)				9. NAME OF FEDERAL AGENCY: DHHS-ACF/OCS	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Community Economic Development Discretionary Incremental 93-570 TITLE (Name of Program):				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of 50, 140 sf Neighborhood Youth Center in the EZ of Fresno, CA. The Economic Opportunities Commission develop, own and manage this complex, providing comprehensive programming. This project will create 85 jobs, with 72 filled by low-income individuals.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno County				14. CONGRESSIONAL DISTRICTS OF:	
13. PROPOSED PROJECT Start Date: 9/30/04 Ending Date: 9/30/07				a. Applicant 19 & 20 b. Project 19 & 20	
15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 700,000.00 b. Applicant \$.00 c. State \$ 5,350,175.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 6,050,175.00				a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 9, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No				18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative					
Prefix Mr.		First Name Roger		Middle Name	
Last Name Palomino		Suffix		c. Telephone Number (give area code) 559-263-1010	
b. Title Executive Director		d. Signature of Authorized Representative		e. Date Signed July 14, 2004	

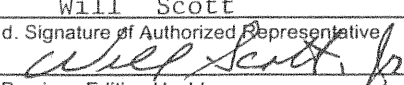
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 13, 2004 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY 	Applicant Identifier State Application Identifier Federal Identifier 																												
5. APPLICANT INFORMATION																															
Legal Name: Ward Economic Development Corporation		Organizational Unit: Department:																													
Organizational DUNS: 62-313-2610		Division:																													
Address: Street: P. O. Box 77391		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Jacquelyn																													
City: Los Angeles,		Middle Name																													
County: Los Angeles		Last Name Dupont-Walker																													
State: CA	Zip Code 90007	Suffix:																													
Country: USA		Email: jdupontw@aol.com																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4206960		Phone Number (give area code) 213-747-1188	Fax Number (give area code) 213-747-1975																												
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) N - Non-Profit Community Development Corporation																													
Other (specify)		9. NAME OF FEDERAL AGENCY: DHHS-ACF/OCS																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Community Economic Development TITLE (Name of Program): Program 93-570		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Enterprise for Humanity, a faith-based economic development initiative in South Los Angeles INCREMENTAL																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): South Los Angeles		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 35 b. Project 35																													
13. PROPOSED PROJECT Start Date: 9/30/04 Ending Date: 2/28/06		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 12, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																													
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:40%;">700,000</td> <td style="width:10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>75,000</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>75,655</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>850,655</td> <td>.00</td> </tr> </table>		a. Federal	\$	700,000	.00	b. Applicant	\$	75,000	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$	75,655	.00	g. TOTAL	\$	850,655	.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Ms. First Name Jacquelyn Middle Name Last Name Dupont-Walker Suffix b. Title President c. Telephone Number (give area code) 213-747-1188 d. Signature of Authorized Representative <i>[Signature]</i> e. Date Signed July 13, 2004	
a. Federal	\$	700,000	.00																												
b. Applicant	\$	75,000	.00																												
c. State	\$.00																												
d. Local	\$.00																												
e. Other	\$.00																												
f. Program Income	\$	75,655	.00																												
g. TOTAL	\$	850,655	.00																												

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/30/04		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: African American Farmers of California				Organizational Unit:	
Address (give city, county, State, and zip code): 3343 S Walnut Ave Fresno, CA 93706				Name and telephone number of person to be contacted on matters involving this application (give area code): Joanne Powell (559) 442-0267	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0527475				DONS # 148224921	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____				7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non Profit</u> </div> </div>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769 TITLE: Rural Business Enterprise Grant				9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno California (County)				11. DESCRIPTIVE TITLE OF PROJECT: Training Program	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: 19, 20, 21			
Start Date 04/04	Ending Date 04/05	a. Applicant 20		b. Project 19, 20, 21	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 50,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____			
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
d. Local	\$				
e. Other	\$ 23,224				
f. Program Income	\$				
g. TOTAL	\$ 73,224				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Will Scott		b. Title President		c. Telephone Number (559) 442-1893	
d. Signature of Authorized Representative 				e. Date Signed 6-7-04	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED JULY 19, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: RIO HONDO COMMUNITY DEVELOPMENT CORPORATION Address (give city, county, State, and zip code): 11401 VALLEY BOULEVARD SUITE 201 EL MONTE, CALIFORNIA 91731 LOS ANGELES COUNTY USA		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) fax: (626) 401-2778 DONNA DUNCAN (626) 401-2784																												
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 01-0740130 DUNS#: 14-538-0536	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Not For Profit Community Development Corporation</u> </div> </div>																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: DHHS - ACF/OCS																												
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570 CSBG TITLE: COMMUNITY ECONOMIC DEVELOPMENT PROGRAM		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Planning grant for a commercial real estate project PRIORITY AREA- PP																												
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): EL MONTE, LOS ANGELES COUNTY, CALIFORNIA																														
13. PROPOSED PROJECT Start Date: 10/1/04 Ending Date: 9/30/05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: CA 34TH b. Project:																													
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>75,000</td> <td>.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>75,000</td> <td>.00</td> </tr> </table>		a. Federal	\$	75,000	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	75,000	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>JULY 15, 2004</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	75,000	.00																											
b. Applicant	\$.00																											
c. State	\$.00																											
d. Local	\$.00																											
e. Other	\$.00																											
f. Program Income	\$.00																											
g. TOTAL	\$	75,000	.00																											
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																												
a. Type Name of Authorized Representative Donna L. Duncan	b. Title President	c. Telephone Number (626) 401-2784																												
d. Signature of Authorized Representative [Signature]		e. Date Signed 7/19/04																												

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(PP)

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED JULY 19, 2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION																																						
Legal Name: TEMPLO CALVARIO COMMUNITY DEVELOPMENT CORP.		Organizational Unit: Department:																																				
Organizational DUNS: 13-892-4241		Division:																																				
Address: Street: 2511 WEST 5TH STREET		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: REV. First Name: LEE																																				
City: SANTA ANA		Middle Name																																				
County: ORANGE		Last Name DE LEON																																				
State: CALIFORNIA	Zip Code 92703	Suffix:																																				
Country: USA		Email: lee@tccdc.org																																				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0601589		Phone Number (give area code) (714) 543-3711	Fax Number (give area code) (714) 543-2399																																			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) O. NOT FOR PROFIT ORGANIZATION Other (specify) COMMUNITY DEVELOPMENT CORPORATION (faith-based)																																				
Other (specify)		9. NAME OF FEDERAL AGENCY: DHHS-ACF/OCS																																				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570 TITLE (Name of Program): CSBG COMMUNITY ECONOMIC DEVELOPMENT PROGRAM		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: HOME HEALTH CARE VENTURE Priority Area - IDP																																				
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): SANTA ANA, ORANGE COUNTY, CALIFORNIA																																						
13. PROPOSED PROJECT Start Date: 10/1/04 Ending Date: 9/30/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 46TH b. Project CA 46TH																																				
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>OCS</td> <td>\$</td> <td>500,000</td> <td>00</td> </tr> <tr> <td>b. Applicant</td> <td></td> <td>\$</td> <td>100,000</td> <td>00</td> </tr> <tr> <td>c. State</td> <td></td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>d. Local</td> <td></td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>e. Other, bank line of credit</td> <td></td> <td>\$</td> <td>400,000</td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td></td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td></td> <td>\$</td> <td>1,000,000</td> <td>00</td> </tr> </table>		a. Federal	OCS	\$	500,000	00	b. Applicant		\$	100,000	00	c. State		\$		00	d. Local		\$		00	e. Other, bank line of credit		\$	400,000	00	f. Program Income		\$		00	g. TOTAL		\$	1,000,000	00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 16, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	OCS	\$	500,000	00																																		
b. Applicant		\$	100,000	00																																		
c. State		\$		00																																		
d. Local		\$		00																																		
e. Other, bank line of credit		\$	400,000	00																																		
f. Program Income		\$		00																																		
g. TOTAL		\$	1,000,000	00																																		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																						
a. Authorized Representative Prefix REVEREND First Name LEE Middle Name Last Name DE LEON Suffix b. Title CHIEF EXECUTIVE OFFICER c. Telephone Number (give area code) (714) 543-3711 d. Signature of Authorized Representative e. Date Signed JULY 16, 2004																																						

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 STATE CLEARING HOUSE

Standard Form 424 (Rev.9-2003)
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(IDP)

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier <u>Royal Palms</u>	
5. APPLICANT INFORMATION Legal Name: Southern California District Council of the Assemblies of God		Organizational DUNS: <u>0548-577-19</u>		3. DATE RECEIVED BY STATE	State Application Identifier	
Address: Street: 17951 Cowan		City: Irvine		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Country: USA		Zip Code 92614		Organizational Unit: Department: Housing		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>75-2022002</u>		7. TYPE OF APPLICANT: (See back of form for Application Types) N		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Julie Middle Name:		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: US Dept. of HUD		Phone Number (give area code) 661-266-2577		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): housing for elderly		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: acquisition/new construction of 41 unit apartment for elderly		Fax Number (give area code) 661-266-3016		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California City, Kern County, CA		13. PROPOSED PROJECT Start Date: 12-04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>47th</u> b. Project <u>22nd</u>		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
a. Federal \$ 4,900,918.00		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <u>7-22-04</u>		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
b. Applicant \$ 10,000.00		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372				
c. State \$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
d. Local \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
e. Other \$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No				
f. Program Income \$						
g. TOTAL \$ 4,910,918.00						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.						
a. Authorized Representative						
Prefix Mr.		First Name James		Middle Name L.		
Last Name Chapman		Suffix				
b. Title District Secretary/Treasurer		c. Telephone Number (give area code) 949-252-8400		e. Date Signed 7-1-04		
d. Signature of Authorized Representative <i>James J. Chapman</i>						

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier <u>Royal Palm 5</u> State Application Identifier Federal Identifier
---	--	---	--

5. APPLICANT INFORMATION Legal Name: New Life Assembly of God Organizational DUNS: 809-106-222 Address: Street: 21924 Calhoun Dr. City: California City County: Kern State: CA Zip Code: 93505 Country: USA		Organizational Unit: Department: Housing Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Julie Middle Name: Last Name: Jordan Suffix: Email:
---	--	---

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>95-2122162</u>	Phone Number (give area code) 661-266-2577 Fax Number (give area code) 661-266-3016
--	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) N Other (specify)
--	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>14-181</u> TITLE (Name of Program): housing for elderly	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: acquisition/new construction of 41 unit apartment for elderly
---	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California City, Kern County, CA	14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>22nd</u> b. Project <u>22nd</u>
--	---

13. PROPOSED PROJECT Start Date: 12-04 Ending Date: 12-05	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <u>7-22-04</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
--	--

15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">4,900,918</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">10,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">4,910,918</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	4,900,918	.00	b. Applicant	\$	10,000	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	4,910,918	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	4,900,918	.00																										
b. Applicant	\$	10,000	.00																										
c. State	\$.00																										
d. Local	\$.00																										
e. Other	\$.00																										
f. Program Income	\$.00																										
g. TOTAL	\$	4,910,918	.00																										

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative	First Name	Middle Name
Prefix Mr./Rev	Phil	
Last Name	Suffix	
Owens		
b. Title	c. Telephone Number (give area code)	
President	760-373-7813	
d. Signature of Authorized Representative	e. Date Signed	
	7-1-04	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier <i>Desert Willow</i>	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: Community Action Partnership of Kern, Inc.					
Organizational DUNS: <i>07-294-7617</i>				Organizational Unit: Department: housing Division:	
Address: Street: 300 19th St. City: Bakersfield County: Kern State: CA Country: USA				Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: Julie Middle Name: Last Name: Jordan Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <i>915-2402700</i>				Email: phippscarr@hotmail.com Phone Number (give area code) 661-266-2577 Fax Number (give area code) 661-266-3016	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)				7. TYPE OF APPLICANT: (See back of form for Application Types) <i>N - non profit</i> Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): <i>housing for disabled (CMI)</i>				9. NAME OF FEDERAL AGENCY: Dept of HUD	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ridgecrest, Kern, CA				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: acquisition/new construction of housing for chronically mentally ill	
13. PROPOSED PROJECT Start Date: 12-04 Ending Date: 12-05				14. CONGRESSIONAL DISTRICTS OF: a. Applicant <i>22nd</i> b. Project <i>22nd</i>	
15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 1,784,055				a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <i>7-22-04</i>	
b. Applicant \$ 8,920				b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State \$				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local \$				<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
e. Other \$					
f. Program Income \$					
g. TOTAL \$ 1,792,975					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Fred		Middle Name	
Last Name Drew				Suffix	
b. Title Executive Director				c. Telephone Number (give area code) 661-338-5236	
d. Signature of Authorized Representative <i>Anthony</i>				e. Date Signed <i>7/20/04</i>	

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Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction					
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
AHEPA NATIONAL HOUSING CORPORATON			Department:		
Organizational DUNS:			Division:		
14-8688216					
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:			Prefix:		
7202 N. SHADELAND AVENUE SUITE 100			MR.		
City:			First Name:		
INDIANAPOLIS			DEMETRI		
County:			Middle Name:		
MARION			NICHOLAS		
State:			Last Name:		
INDIANA			DAMASKOS		
Zip Code:			Suffix:		
46250					
Country:			Email:		
USA			ddamaskos@ahepamgmt.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			Phone Number (give area code)		Fax Number (give area code)
52-1295814			317-845-58900		317-567-0031
8. TYPE OF APPLICATION:			7. TYPE OF APPLICANT: (See back of form for Application Types)		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			HUD SECTION 202 CA		
Other (specify) <input type="checkbox"/> <input type="checkbox"/>			Other (specify) "O" Non-Profit		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			9. NAME OF FEDERAL AGENCY:		
TITLE (Name of Program): SEC 202 CA			US DEPARTMENT OF HOUSING & URBAN DEVELOPMENT		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
SAN BERARDINO, CALIFORNIA			CONSTRUCTION OF ONE BEDROOM UNITS INDEPENDENT LIVING FOR SENIORS		
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:		
Start Date:		Ending Date:	a. Applicant		b. Project
SEPTEMBER 05		SEPTEMBER 06	16TH- INDIANA		13
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	9,067,460.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	.00	DATE: 7/23/04		
c. State	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	9,067,460.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name		Middle Name	
MR.		NICKOLAS			
Last Name		Suffix		c. Telephone Number (give area code)	
STRATAS				251-661-2020	
b. Title		e. Date Signed			
PRESIDENT		6-02-2004			
d. Signature of Authorized Representative					

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 22, 2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION					
Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER, INC.			Organizational Unit: Department: Community Support Services		
Organizational DUNS: 07-717-9554			Division: Property Development and Management		
Address: Street: 195 Harvey West Boulevard			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Paul		
City: Santa Cruz			Middle Name M.		
County: Santa Cruz			Last Name O'Brien		
State: California		Zip Code 95060	Suffix: --		
Country: USA			Email: Paul.O'Brien@scccc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 23-7275290 </div>			Phone Number (give area code) 831-469-1700 x104		Fax Number (give area code) 831-425-1905
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) Nonprofit corporation Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 14-181 </div> </div> TITLE (Name of Program): Section 811 Supportive Housing for Persons with Disabilities			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 14-units of supported housing for persons with psychiatric disabilities <div style="text-align: center; margin-top: 10px;">  </div>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Santa Cruz, City of Santa Cruz			9. NAME OF FEDERAL AGENCY: Housing and Urban Development		
13. PROPOSED PROJECT Start Date: March 2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17th		
Ending Date: December 2006			b. Project 17th		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	1,040,697 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$	31,000 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	1,523,000 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	585,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	745,000 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	00 ⁰⁰			
g. TOTAL	\$	3,974,697 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Paul		Middle Name M.	
Last Name O'Brien				Suffix --	
b. Title Executive Director		c. Telephone Number (give area code) 831-469-1700 x104			
d. Signature of Authorized Representative		e. Date Signed July 19, 2004			

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 7/09/04	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: MERCY HOUSING CALIFORNIA			Organizational Unit: Department: San Francisco Office		
Organizational DUNS: 883200900			Division:		
Address: Street: 1360 Mission Street, Suite 300			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Francisco			Prefix: Mr	First Name: Merle	
County: San Francisco			Middle Name		
State: CA			Last Name Malakoff		
Zip Code 94103			Suffix:		
Country: UNITED STATES			Email: mmalakoff@MERCYHOUSING.ORG		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3081666			Phone Number (give area code) (415) 355-7100		Fax Number (give area code) (415) 355-7122
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) 0. NOT FOR PROFIT ORGANIZATION Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): HUD SECTION 202			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 9th & Jessie Senior Community SWC 9th & Jessie Streets San Francisco, CA 94103 103 one bedroom, very low income, service enriched units for seniors and 1 two bedroom manager's unit. Total of 98 HUD 202 units		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City and County of San Francisco, California			9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT		
13. PROPOSED PROJECT Start Date: 4/1/06 Ending Date: 12/01/07			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 08 b. Project 08		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	11,888,268	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/9/04		
b. Applicant	\$	10,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	13,520,479	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other FLHB-SF	\$	520,000	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$				
g. TOTAL	\$	25,938,747			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Ms.	First Name Valerie		Middle Name		
Last Name Agostino		Suffix			
b. Title Vice President		c. Telephone Number (give area code) 415-355-7100			
d. Signature of Authorized Representative		e. Date Signed			

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APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/14/04	Applicant Identifier
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: MERCY HOUSING CALIFORNIA		Organizational Unit: Department: SAN FRANCISCO OFFICE	
Organizational DUNS: 883200900		Division:	
Address: Street: 1360 Mission Street, Suite 300		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: San Francisco		Prefix: MS	First Name: RANDI
County: San Francisco		Middle Name	
State: CA		Last Name GERSON	
Zip Code 94103		Suffix:	
Country: UNITED STATES		Email: RGERSON@MERCYHOUSING.ORG	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3081666		Phone Number (give area code) (415) 355-7120	Fax Number (give area code) (415) 355-7122
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) 0. NOT FOR PROFIT ORGANIZATION Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157		9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	
11. TITLE (Name of Program): HUD SECTION 202		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: KENT GARDENS SENIOR HOUSING 16438-16450 KENT AVENUE SAN LORENZO (Ashland) CA 94580-1231 83 one-bedroom, very low income, service-enriched units for seniors and 1 two-bedroom manager's unit.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY AND COUNTY OF SAN FRANCISCO, CALIFORNIA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 08 b. Project 09	
13. PROPOSED PROJECT Start Date: August 2003 Ending Date: September 2007		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/11/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 10,010,027.00 b. Applicant \$ 10,000.00 c. State \$.00 d. Local \$ 3,628,656.00 e. Other \$ 420,000.00 f. Program Income \$.00 g. TOTAL \$ 14,068,683.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix MS	First Name VALERIE	Middle Name	
Last Name AGOSTINO		Suffix	
Title VICE PRESIDENT		c. Telephone Number (give area code) 415-355-7100	
d. Signature of Authorized Representative		e. Date Signed 6/11/04	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/14/04	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: MERCY HOUSING CALIFORNIA		Organizational Unit: Department: Los Angeles Office	
Organizational DUNS: 883200900		Division:	
Address: Street: 1360 Mission Street, Suite 300		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: San Francisco		Prefix: Ms	First Name: Sharon
County: San Francisco		Middle Name	
State: CA		Last Name Christen	
Zip Code 94103	Suffix:		
Country: UNITED STATES		Email: SChristen@MERCYHOUSING.ORG	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3081666		Phone Number (give area code) (415) 355-7111	Fax Number (give area code) (415) 355-7122
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) 0. NOT FOR PROFIT ORGANIZATION Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157		9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	
TITLE (Name of Program): HUD SECTION 202		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New Dana Strand Senior Homes 450 N. Hawaiian Avenue Willmington CA 90744-4937 99 one-bedroom, very low income, service-enriched units for seniors and 1 two-bedroom manager's unit	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City and County of Los Angeles, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 08 b. Project 36	
13. PROPOSED PROJECT Start Date: 12/1/04 Ending Date: 12/1/06		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/9/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 12,470,640.00		
b. Applicant	\$ 10,000.00		
c. State	\$.00		
d. Local	\$ 1,311,266.00		
e. Other HACLA	\$ 1,140,075.00		
f. Program Income	\$.00		
g. TOTAL	\$ 14,931,981.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Valerie	Middle Name	
Last Name Agostino		Suffix	
b. Title Vice President		c. Telephone Number (give area code) 415-355-7100	
d. Signature of Authorized Representative		e. Date Signed	

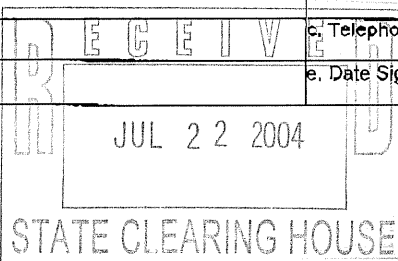
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Standard Form 424 (Rev.9-2003)
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Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Satellite Housing, Inc.		Organizational Unit: Department: Housing Development		
Organizational DUNS: 073926818		Division: Not Applicable		
Address: Street: 2526 Martin Luther King Jr. Way		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Berkeley		Prefix:	First Name: Dori	
County: Alameda		Middle Name		
State: California		Last Name: Kojima		
Zip Code: 94704		Suffix:		
Country: U.S.A.		Email: dkojima@sathomes.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 99-3031375		Phone Number (give area code) 510-647-0700 ext 114		Fax Number (give area code) 510-647-0820
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) O. Not for Profit Organization		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): HUD 202: Supportive Housing Program		9. NAME OF FEDERAL AGENCY: Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Walnut Creek, County of Contra Costa		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Casa Montego II: A 33 unit senior housing expansion of Casa Montego.		
13. PROPOSED PROJECT Start Date: 02/2005 Ending Date: 08/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9 b. Project 10		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 550,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 07 / 20 / 04		
b. Applicant	\$ 10,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 1,250,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 330,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ 3,832,672.00			
g. TOTAL	\$ 5,972,672.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: Ma.	First Name: Jesusa	Middle Name		
Last Name: Joaon-Fusade	Suffix:			
b. Title: Board Chair	c. Telephone Number (give area code): 510-647-0700			
d. Signature of Authorized Representative	e. Date Signed: 07/22/2004			
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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Legal Name: Tahoe Area Coordinating Council for the Disabled		Organizational Unit: Department:		
Organizational DUNS: 15-287-7333		Division:		
Address: Street: 2572 Lake Tahoe Blvd. #2		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: So. Lake Tahoe		Prefix: First Name: Kevin		
County: El Dorado		Middle Name		
State: CA Zip Code 96150		Last Name Knutdson		
Country: USA		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0058896		Email: kkundtson@communityeconomics.org		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Phone Number (give area code) (510) 832-8300 x301		
		Fax Number (give area code) (510) 832-2227		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 14-157		7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for Profit Other (specify)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): South Lake Tahoe, CA, El Dorado County		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing & Urban Development		
13. PROPOSED PROJECT Start Date: Ending Date:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Section 202 Supportive Housing for the Elderly JUL 21 2004 STATE CLEARING HOUSE		
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4 b. Project 4		
a. Federal \$ 3,486,100.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
b. Applicant \$.00		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
c. State \$.00		DATE: 7/19/04		
d. Local \$ 3,405,000.00		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
e. Other \$.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income \$.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL \$ 6,901,100.00		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix		First Name David		Middle Name
Last Name Kelly		Suffix		
b. Title President, TACCD		c. Telephone Number (give area code) (530) 577-8012		
d. Signature of Authorized Representative		e. Date Signed 7.14.04		

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**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier																					
5. APPLICANT INFORMATION Legal Name: TUOLUMNE COUNTY YOSEMITE VISTA ESTATES																								
Organizational DUNS: 131130056		Organizational Unit: Department: Y.V.E. MUTUAL SANITATION Division:																						
Address: Street: 22645 PROSPECT HEIGHTS		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: MARLA Middle Name: LIANE Last Name: RUMBAUGH Suffix: Email:																						
City: GROVELAND County: TUOLUMNE State: CALIFORNIA Zip Code: 95321 Country: U.S.A.		Phone Number (give area code): 209 962-5988 Fax Number (give area code): 209-962-0736																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3196680		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify):																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		9. NAME OF FEDERAL AGENCY: JUL 21 2004																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): WATER & WASTE DISPOSAL LOAN & Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: IMPROVE SANITATION System																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): J		13. PROPOSED PROJECT Start Date: Ending Date:																						
14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project		15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td>.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>.00</td></tr> <tr><td>c. State</td><td>\$</td><td>.00</td></tr> <tr><td>d. Local</td><td>\$</td><td>.00</td></tr> <tr><td>e. Other</td><td>\$</td><td>.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>.00</td></tr> </table>		a. Federal	\$.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$.00
a. Federal	\$.00																						
b. Applicant	\$.00																						
c. State	\$.00																						
d. Local	\$.00																						
e. Other	\$.00																						
f. Program Income	\$.00																						
g. TOTAL	\$.00																						
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Authorized Representative Prefix: First Name: MARLA Middle Name: LIANE Last Name: RUMBAUGH Suffix:																								
b. Title MANAGER & BOARD DIRECTOR		c. Telephone Number (give area code) 209-962-5988																						
d. Signature of Authorized Representative <i>Marla Rumbaugh</i>		e. Date Signed July 13, 2004																						

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APPLICATION FOR
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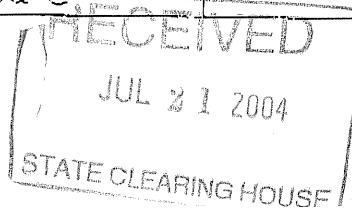
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED JUNE 15, 2004	Applicant Identifier R9 TRACKING # 04-325	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
6. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		
Legal Name:		Federal Identifier		
CITY OF GARDENA		Organizational Unit: Department: PUBLIC WORKS DEPARTMENT		
Organizational DUNS: 04056 6932		Division: ENGINEERING		
Address: Street: 1717 W. 162ND STREET		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: GARDENA		Prefix: First Name: HAROLD		
County: LOS ANGELES		Middle Name: CURTIS		
State: CA Zip Code: 90247		Last Name: WILLIAMS		
Country: UNITED STATES OF AMERICA		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000713		Email: hwilliams@d.gardena.ca.us		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Phone Number (give area code) (310) 217-9568		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE (Name of Program): APPROPRIATION ACT OF 2004		Fax Number (give area code) (310) 217-9676		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): LOS ANGELES COUNTY		7. TYPE OF APPLICANT: (See back of form for Application Types) C. MUNICIPAL Other (specify)		
13. PROPOSED PROJECT Start Date: JULY 2005 Ending Date: OCTOBER 2005		9. NAME OF FEDERAL AGENCY: TOM KONNER, U.S. ENVIRONMENTAL PROTECTION AGENCY		
16. ESTIMATED FUNDING:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: INFRASTRUCTURE SUPPORT FOR STORM WATER RUN OFF PROGRAM - TO PROVIDE RENOVATED STORM WATER WATCH CATCH BASINS AND COMPLIANCE WITH THE NPDES		
a. Federal \$ 241,100 ⁰⁰		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 35 b. Project		
b. Applicant \$ 197,265 ⁰⁰		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/21/2004		
c. State \$ ⁰⁰		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$ ⁰⁰		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$ ⁰⁰		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$ ⁰⁰		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL \$ 435,365 ⁰⁰		a. Authorized Representative Prefix First Name HAROLD Middle Name CURTIS		
19. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		Last Name WILLIAMS Suffix		
b. Title PUBLIC WORKS DIRECTOR / CITY ENGINEER		c. Telephone Number (give area code) (310) 217-9568		
d. Signature of Authorized Representative <i>Harold Williams</i>		e. Date Signed 6/15/04		

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APPLICATION FOR
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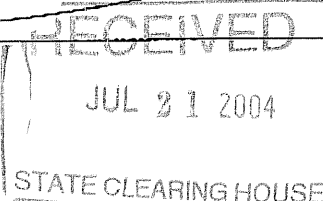
1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/22/04	Applicant Identifier	
		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		
Legal Name: Community Development Corporation of Oakland		Organizational Unit: Department:		
Organizational DUNS: 961422490		Division:		
Address: Street: 5636 Shattuck Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Oakland		Prefix: Mr.		
County: Alameda		First Name: Larry		
State: CA		Middle Name		
Zip Code 94609		Last Name Taylor		
Country: United States		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3134294		Email: cdcoakland@aol.com		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development		
TITLE (Name of Program): Section 202 Supportive Housing for the Elderly		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Martin Luther King Jr./BART Senior Homes--a 33 unit affordable senior housing development in Oakland, California.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Oakland, Calif.		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9th Calif b. Project 9th Calif		
13. PROPOSED PROJECT Start Date: 12/10/04 Ending Date: 8/22/06		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/22/04 b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal HUD 202 \$ 3,995,543 ⁰⁰				
b. Applicant \$ ⁰⁰				
c. State \$ ⁰⁰				
d. Local City of Oakland \$ 2,602,313 ⁰⁰				
e. Other AHP \$ 160,000 ⁰⁰				
f. Program Income \$ ⁰⁰				
g. TOTAL \$ 6,757,856 ⁰⁰				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.		First Name Larry		Middle Name
Last Name Taylor				Suffix
b. Title Chief Executive Officer		c. Telephone Number (give area code) (510) 428-9345		
d. Signature of Authorized Representative		e. Date Signed 7-20-04		

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**APPLICATION FOR
FEDERAL ASSISTANCE**

2. DATE SUBMITTED 7/22/04		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: Oakland Community Housing, Inc.		Organizational Unit: Department: Development	
Organizational DUNS: 049944846		Division:	
Address: Street: 2030 Franklin Street, 6th Floor City: Oakland County: Alameda		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Dwight Middle Name: Last Name: Dickerson Suffix:	
State: CA	Zip Code: 94612	Email: ddickerson@ochi.org	
Country: United States		Phone Number (give area code) (510) 763-7676	Fax Number (give area code) (510) 763-7730
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2377749		7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Martin Luther King Jr./BART Senior Homes--a 33 unit affordable senior housing development in Oakland, California.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Oakland, Calif.		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9th Calif b. Project 9th Calif	
13. PROPOSED PROJECT Start Date: 12/10/04 Ending Date: 8/22/06		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/22/04 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal HUD 202 \$ 3,995,543			
b. Applicant \$			
c. State \$			
d. Local City of Oakland \$ 2,802,313			
e. Other AHP \$ 180,000			
f. Program Income \$			
g. TOTAL \$ 6,757,856			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr. First Name Dwight		Middle Name	
Last Name Dickerson		Suffix	
b. Title Executive Director		c. Telephone Number (give area code) (510) 763-7676	
d. Signature of Authorized Representative		e. Date Signed 7/16/04	

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APPLICATION FOR
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1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/09/04	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Legal Name: MERCY HOUSING CALIFORNIA		Organizational Unit: Department: San Francisco Office		
Organizational DUNS: 883200900		Division:		
Address: Street: 1360 Mission Street, Suite 300		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr First Name: Merle Middle Name: Last Name: Malakoff Suffix:		
City: San Francisco		Email: mmalakoff@MERCYHOUSING.ORG		
County: San Francisco		Phone Number (give area code) (415) 355-7100		
State: CA		Fax Number (give area code) (415) 355-7122		
Zip Code: 94103		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 9th & Jessie Senior Community SWC 9th & Jessie Streets San Francisco, CA 94103 103 one bedroom, very low income, service enriched units for seniors and 1 two bedroom manager's unit. Total of 98 HUD 202 units		
Country: UNITED STATES		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 08 b. Project 08		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3081666		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/9/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157 TITLE (Name of Program): HUD SECTION 202		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City and County of San Francisco, California		a. Authorized Representative Prefix Ms. First Name Valerie Middle Name Last Name Agostino b. Title Vice President c. Telephone Number (give area code) 415-355-7100 d. Signature of Authorized Representative e. Date Signed		
13. PROPOSED PROJECT Start Date: 4/1/06 Ending Date: 12/01/07		15. ESTIMATED FUNDING: a. Federal \$ 11,888,268 b. Applicant \$ 10,000 c. State \$ d. Local \$ 13,520,479 e. Other FLHB-SF \$ 520,000 f. Program Income \$ g. TOTAL \$ 25,938,747		
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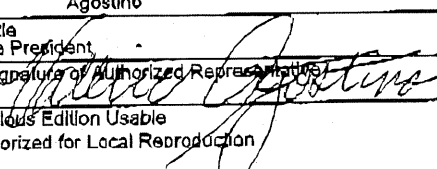
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APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 8/14/04	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: MERCY HOUSING CALIFORNIA		Organizational Unit: Department: Los Angeles Office	
Organizational DUNS: 883200800		Division:	
Address: Street: 1360 Mission Street, Suite 300		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: Sharon	
City: San Francisco		Middle Name	
County: San Francisco		Last Name Christen	
State: CA	Zip Code 94103	Suffix:	
Country: UNITED STATES		Email: SChristen@MERCYHOUSING.ORG	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3081668		Phone Number (give area code) (415) 355-7111	Fax Number (give area code) (415) 355-7122
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) 0. NOT FOR PROFIT ORGANIZATION Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): HUD SECTION 202 14-157		9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City and County of Los Angeles, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New Dana Strand Senior Homes 450 N. Hawaiian Avenue Wilmington CA 90744-4937 99 one-bedroom, very low income, service-enriched units for seniors and 1 two-bedroom manager's unit	
13. PROPOSED PROJECT Start Date: 12/1/04 Ending Date: 12/1/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 08 b. Project 36	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 12,470,640	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/9/04	
b. Applicant	\$ 10,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 1,311,266	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other HACLA	\$ 1,140,075	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 14,931,981		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative		Middle Name	
Prefix Ms.	First Name Valerie		
Last Name Agostino		Suffix	
b. Title Vice President		c. Telephone Number (give area code) 415-355-7100	
d. Signature of Authorized Representative 		e. Date Signed	

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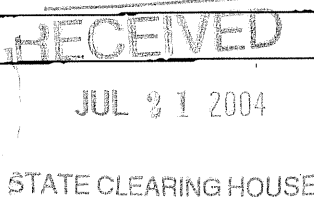
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STATE CLEARING HOUSE

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/14/04	Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: MERCY HOUSING CALIFORNIA			Organizational Unit: Department: SAN FRANCISCO OFFICE	
Organizational DUNS: 883200900			Division:	
Address: Street: 1360 Mission Street, Suite 300			Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: San Francisco			Prefix: MS	First Name: RANDI
County: San Francisco			Middle Name	
State: CA			Last Name GERSON	
Zip Code 94103			Suffix:	
Country: UNITED STATES			Email: RGERSON@MERCYHOUSING.ORG	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3081666			Phone Number (give area code) (415) 355-7120	Fax Number (give area code) (415) 355-7122
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) 0. NOT FOR PROFIT ORGANIZATION Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157			9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY AND COUNTY OF SAN FRANCISCO, CALIFORNIA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: KENT GARDENS SENIOR HOUSING 18438-16450 KENT AVENUE SAN LORENZO (Ashland) CA 94580-1231 83 one-bedroom, very low income, service-enriched units for seniors and 1 two-bedroom manager's unit.	
13. PROPOSED PROJECT Start Date: August 2003 Ending Date: September 2007			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 08 b. Project 09	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	10,010,027	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/11/04	
b. Applicant	\$	10,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	3,628,656	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	420,000	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$			
g. TOTAL	\$	14,068,683		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative			Middle Name	
Prefix MS			First Name VALERIE	
Last Name AGOSTINO			Suffix	
Title VICE PRESIDENT			c. Telephone Number (give area code) 415-355-7100	
d. Signature of Authorized Representative			e. Date Signed 6/11/04	



APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 07/20/2004	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Central Community Development Center, Inc. (CCDC)		Organizational Unit: Department:	
Organizational DUNS: 14-727-0990		Division:	
Address: Street: 211 South Barton Avenue City: Fresno County: Fresno State: California Zip Code: 93702 Country: U. S. A.		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Rev. First Name: Donald Middle Name: Last Name: Lockhart Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0529458		Phone Number (give area code) (559) 252-7777 Fax Number (give area code) (559) 252-7777	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-181 TITLE (Name of Program): Supportive Housing for Persons with Disabilities		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno, Fresno County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno, California Supportive Housing Development, a 20 unit, fully accessible apartment building for adults with physical disabilities. (sixteen (16) - one bedroom and four (4) - two bedroom)	
13. PROPOSED PROJECT Start Date: 10/01/2004 Ending Date: 10/01/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 20 b. Project CA 20	
15. ESTIMATED FUNDING: a. Federal \$ 2,086,200.00 b. Applicant \$ 10,000.00 c. State \$.00 d. Local \$ 37,000.00 e. Other \$ 100,000.00 f. Program Income \$.00 g. TOTAL \$ 2,233,200.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 20, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix: Rev. First Name: Donald Middle Name: Last Name: Lockhart Suffix:			
b. Title Executive Director		c. Telephone Number (give area code) (559) 252-7777	
d. Signature of Authorized Representative		e. Date Signed	

Application for Federal Education Assistance (ED 424)

U.S. Department of Education

 Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

 Legal Name: Community Health Councils, Inc.

Organizational Unit

 Address: 3761 Stocker Street, #201
Los Angeles

City

CA

State

Los Angeles

County

90008

ZIP Code + 4

5111

 2. Applicant's D-U-N-S Number 8 7 4 6 4 3 9 2 9

 3. Applicant's T-I-N 9 5 - 4 4 8 7 6 6 4

 4. Catalog of Federal Domestic Assistance #: 84 1 8 4 B

 6. Novice Applicant ☐ Yes ☒ No

 7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

 Title: Mentoring Program

 8. Type of Applicant (Enter appropriate letter in the box.) I
Office of Safe and Drug-Free Schools

 5. Project Director: Shelia Claverle

- A - State
 B - Local
 C - Special District
 D - Indian Tribe
 E - Individual
 F - Independent School District
 G - Public College or University
 H - Private, Non-profit College or
 I - Non-profit Organization
 J - Private, Profit-Making Organization

K - Other (Specify):

 Address: 3761 Stocker Street, Suite 201
Los Angeles

City

CA

State

90008

Zip code + 4

151

 Tel #: (323) 295-9372 Fax #: (323) 295-9467

 E-Mail Address: sheliac@chc-inc.org

Application Information

9. Type of Submission:

-PreApplication

-Application

☐ Construction

☐ Construction

☐ Non-Construction

☒ Non-Construction

 10. Is application subject to review by Executive Order 12372 process?
☐ Yes (Date made available to the Executive Order 12372 process for review): / /
☒ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☒ Program has not been selected by State for review.

 12. Are any research activities involving human subjects planned at any time during the proposed project period?
☐ Yes (Go to 12a.) ☒ No (Go to Item 13.)

 12a. Are all the research activities proposed designated to be exempt from the regulations?
☐ Yes (Provide Exemption(s) #):
☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Community Health Councils, Diamond Lane School
Based Mentoring Project

 11. Proposed Project Dates: 10 / 01 / 04 06 / 30 / 05
Start Date: End Date:

Estimated Funding

14a. Federal \$ 200,000 .00
 b. Applicant \$.00
 c. State \$.00
 d. Local \$.00
 e. Other \$.00
 f. Program Income \$.00
 g. TOTAL \$ 200,000 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

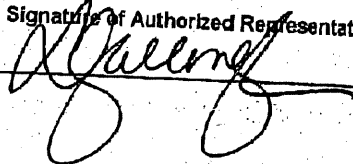
Lark Galloway-Gilliam

 b. Title: Executive Director

 c. Tel. #: (323) 295-9372 Fax #: (323) 295-9467

 d. E-Mail Address: lark@chc-inc.org

e. Signature of Authorized Representative



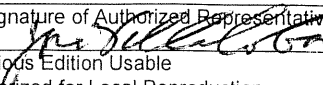
 Date: 7.6.04

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Northern Valley Catholic Social Service, Inc.		Organizational Unit: Department: Housing		
Organizational DUNS: 146491340		Division: Private, Non-Profit		
Address: Street: 1020 Market Street City: Redding County: Shasta State: California		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Bobbi Middle Name: Last Name: Sawtelle Suffix: Email: bobbisnvcss@snowcrest.net		
Zip Code: 96001		Phone Number (give area code) (530) 247-3316		
Country: United States of America		Fax Number (give area code) (530) 247-3354		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 20-0984601		7. TYPE OF APPLICANT: (See back of form for Application Types) Not for profit (O) Other (specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Section 202 Supportive Housing for the Elderly 14-157		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The project will provide housing for the elderly who can live in independent living situations.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Chico, Butte County, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California 2nd b. Project California 2nd		
13. PROPOSED PROJECT Start Date: March, 2006 Ending Date: November, 2006		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 16, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal \$ 4,764,600.00				
b. Applicant \$.00				
c. State \$.00				
d. Local \$ 950,000.00				
e. Other \$.00				
f. Program Income \$.00				
g. TOTAL \$ 5,714,600.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mrs.		First Name Jan		Middle Name Ann
Last Name Maurer Watkins		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) (530) 241-0552		
d. Signature of Authorized Representative		e. Date Signed		

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application: <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 8, 2004		Applicant Identifier OCS-03-01															
		3. DATE RECEIVED BY STATE		State Application Identifier															
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier															
5. APPLICANT INFORMATION																			
Legal Name: The East Los Angeles Community Union			Organizational Unit: Department:																
Organizational DUNS: 010720597			Division:																
Address: Street: 5400 East Olympic Boulevard			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jose																
City: Los Angeles			Middle Name																
County: Los Angeles			Last Name: Villalobos																
State: California		Zip Code: 90022		Suffix:															
Country: USA			Email: jvtelacu@aol.com																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2554256			Phone Number (give area code) 323-721-1655		Fax Number (give area code) 323-721-3560														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) Non-Profit Community Development Corporation																
Other (specify)			9. NAME OF FEDERAL AGENCY: DHHS-ACF/OCS																
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Community Economic Development Discretionary Grant Program- 93-570 TITLE (Name of Program): Operational Project			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Expansion of TELACU Construction Management to creat 30 new jobs as Assistant Inspectors - Priority Area Operational - HHS-2004-ACF-OCS-EE-0019																
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25, 29, 30 b. Project 29																
13. PROPOSED PROJECT Start Date: 9/30/04 Ending Date: 2/28/06			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 8, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 300,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 300,000.00</td> </tr> <tr> <td>c. State</td> <td>\$.00</td> </tr> <tr> <td>d. Local</td> <td>\$.00</td> </tr> <tr> <td>e. Other</td> <td>\$.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 600,000.00</td> </tr> </table>			a. Federal	\$ 300,000.00	b. Applicant	\$ 300,000.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ 600,000.00			
a. Federal	\$ 300,000.00																		
b. Applicant	\$ 300,000.00																		
c. State	\$.00																		
d. Local	\$.00																		
e. Other	\$.00																		
f. Program Income	\$.00																		
g. TOTAL	\$ 600,000.00																		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																			
a. Authorized Representative																			
Prefix: Mr.		First Name: Jose		Middle Name:															
Last Name: Villalobos		Suffix:																	
b. Title Senior Vice President				c. Telephone Number (give area code) 323-721-1655															
d. Signature of Authorized Representative 				e. Date Signed July 8, 2004															

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Sacramento River Discovery Charter School, Inc. Address (give city, county, State, and zip code): P.O. Box 1298, Red Bluff, CA 96080 Tehama County	Organizational Unit: Non-Profit Corporation Name and telephone number of person to be contacted on matters involving this application (give area code): Cathy Klinesterker 530-200-4622 530-529-1650

6. EMPLOYER IDENTIFICATION NUMBER (EIN):	7. TYPE OF APPLICANT: (enter appropriate letter in box)
<input type="text"/> - <input type="text"/>	<input checked="" type="checkbox"/> N

8. TYPE OF APPLICATION:	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Non-Profit Corp.
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="text"/> <input type="text"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
100-7066 TITLE Community Facilities Loans	Construction of permanent facilities for charter school in Red Bluff, CA.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	
Tehama County	

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date Ending Date June 01 Sept. 04	a. Applicant 2 b. Project 2

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 370,000 b. Applicant \$ 200,000 c. State \$ d. Local \$ e. Other Umpqua Bank 250,000 f. Program Income \$ g. TOTAL \$ 820,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Cathy Klinesterker d. Signature of Authorized Representative Cathy Klinesterker	b. Title Head of School/Principal c. Telephone Number 530-200-4622 or 529-1650 e. Date Signed 7-19-04

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JUL 19 2004

 Standard Form 424 (Rev. 7-97)
 Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 07/22/2004		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Christian Church Homes of Northern California			Organizational Unit: Department: Development		
Organizational DUNS: 078292945			Division:		
Address: Street: 303 Hegenberger Road, Suite 201 City: Oakland County: Alameda State: CA Zip Code: 94621-1418			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: William Middle Name: Frederick Last Name: Pickel Suffix:		
Country:			Email: bpickel@cchnc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [9][4]-[6][0][7][7][4][0][7]			Phone Number (give area code) (510) 632-6714 ext. 121		Fax Number (give area code) (510) 632-6704
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) N Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): [1][4]-[1][5][7]			9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): The City of Chico, Butte County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Jarvis Gardens Rental Housing for Very Low-Income Elderly		
13. PROPOSED PROJECT Start Date: March 2006 Ending Date: November 2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 9th b. Project CA 2nd		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	4,764,600	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$		DATE:		
c. State	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	950,000	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	5,714,600			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Donald		Middle Name H.	
Last Name McCreary				Suffix	
b. Title President/CEO				c. Telephone Number (give area code) (510) 632-6712	
d. Signature of Authorized Representative				e. Date Signed 7/22/2004	

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Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: Northern Valley Catholic Social Service, Inc.		Organizational Unit: Department: Housing	
Organizational DUNS: 146491340		Division: Private, Non-Profit	
Address: Street: 1020 Market Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Redding		Prefix: Mrs.	First Name: Bobbi
County: Shasta		Middle Name	
State: California		Last Name: Sawtelle	
Zip Code: 96001		Suffix:	
Country: United States of America		Email: bobbisnvcss@snowcrest.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 20-0984601		Phone Number (give area code) (530) 247-3316	Fax Number (give area code) (530) 247-3354
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Not for profit (O) Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Chico, Butte County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The project will provide housing for the elderly who can live in independent living situations.	
13. PROPOSED PROJECT Start Date: March, 2006 Ending Date: November, 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California 2nd b. Project California 2nd	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 4,764,600	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 16, 2004	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 950,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 5,714,600		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix: Mrs.	First Name: Jan	Middle Name: Ann	
Last Name: Maurer Watkins		Suffix:	
b. Title: Executive Director		c. Telephone Number (give area code): (530) 241-0552	
d. Signature of Authorized Representative: <i>Ann Maurer Watkins</i>		e. Date Signed:	

07/16 '04 11:23

ID:CCH Mar. ment Svcs

FAX:510-632-6704

PAGE 2

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 07/22/2004	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Legal Name: Christian Church Homes of Northern California		Organizational Unit: Department: Development Division:		
Organizational DUNS: 076292945		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Address: Street: 303 Hegenberger Road, Suite 201 City: Oakland County: Alameda State: CA Zip Code: 94621-1419		Prefix: Mr. Middle Name: Frederick Last Name: Pickel Suffix:		
Country:		Email: bpickel@cchnc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [94-6077407]		Phone Number (give area code) (510) 632-6714 ext. 121		
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Fax Number (give area code) (510) 632-6704		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): [14-157]		7. TYPE OF APPLICANT: (See back of form for Application Types) N Other (specify)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): The City of Chico, Butte County, California		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development		
13. PROPOSED PROJECT Start Date: March 2006 Ending Date: November 2006		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Jarvis Gardens Rental Housing for Very Low-Income Elderly		
15. ESTIMATED FUNDING: a. Federal \$ b. Applicant \$ 4,764,600 c. State \$ d. Local \$ e. Other \$ 950,000 f. Program Income \$ g. TOTAL \$ 5,714,600		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 9th b. Project CA 2nd		
16. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Authorized Representative Prefix Mr. Last Name McCreary b. Title President/CEO d. Signature of Authorized Representative		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
First Name Donald Middle Name H. Suffix		c. Telephone Number (give area code) (610) 632-8712 e. Date Signed 7/22/2004		

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED JULY 12, 2004		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			

5. APPLICANT INFORMATION					
Legal Name: Allen Community Development Corporation			Organizational Unit:		
Address (give city, county, State, and zip code): 916 Laguna Street San Francisco, California 94115 San Francisco County			Name and telephone number of person to be contacted on matters involving this application (give area code) Edgar Boyd (415) 921-4935		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;"> 9 4 - 3 2 1 1 1 2 4 </div> DUNS #: 13-545-2543			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Non-Profit Community Development Corporation </div> </div>		
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			9. NAME OF FEDERAL AGENCY: <div style="text-align: center; padding: 5px;"> DHHS - ACF/OCS </div>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 3 - 5 7 0 </div> CSBG TITLE: COMMUNITY ECONOMIC DEVELOPMENT PROGRAM			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fillmore Renaissance Mixed-Use Project A commercial real estate project in a cultural district as part of a mixed-use complex. Priority Area 1 (Operational Project)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Francisco, San Francisco County, California			13. PROPOSED PROJECT		
14. CONGRESSIONAL DISTRICTS OF: <div style="text-align: center; padding: 5px;"> Nancy Pelosi </div>			15. ESTIMATED FUNDING:		
Start Date 11/1/04		Ending Date 9/30/08		a. Applicant <div style="text-align: center; padding: 5px;"> CA 8TH </div>	
b. Project <div style="text-align: center; padding: 5px;"> CA 8TH </div>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7/10/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal OCS \$ 700,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
b. Applicant FDA Developer \$ 1,183,089		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
c. State \$		a. Type Name of Authorized Representative Rev. Edgar E. Boyd			
d. Local SFRA \$ 1,820,900		b. Title Executive Director		c. Telephone Number (415) 921-4935	
e. Other NEBF Const. Loan \$ 5,054,260		d. Signature of Authorized Representative 			
f. Program Income \$		e. Date Signed 6/24/04			
g. TOTAL \$ 8,758,249					

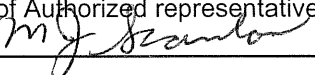
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Standard Form 424 (Rev. 7-97)

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**Application for
Federal Assistance**

1. Type of Submission Application		2. Date Submitted 1-Jul-04	3. Applicant Identifier
Application		3. Date received State	State Application Identifier
<input checked="" type="checkbox"/> Constuction	<input type="checkbox"/> Preapplication	4. Date received by Federal Agency:	Federal Identifier
<input checked="" type="checkbox"/> Non-Constuction	<input type="checkbox"/> Construction		
	<input type="checkbox"/> Non-Construction		
5. Applicant Information			
6. Legal Name: Peninsula Corridor Joint Powers Board			
Address (give city, county, state, and zip) 1250 San Carlos Avenue San Carlos, San Mateo County, CA 94070		Name and telephone of contact person (give area code) Joel Slavit, (650) 508-6476	
6. Employer Identification Number (EIN): 9 4 3152903		7. Type of Applicant (enter appropriate letter in box) G	
8. Type of Application <input checked="" type="checkbox"/> new <input type="checkbox"/> continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in boxes: <input type="checkbox"/> <input type="checkbox"/> A. Increased Award B. Decreased Award C. Increase Award D. Decrease Duration Other (specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermural G. Special District H. Independent School Dst. I. State Controlled Institution of higher learning. J. Private University K. Indian Tribe L. Profit Insitution M. Other: MPO	
10. Catalog of federal domestic assistance number: 20507 Section 5307 Program		9. Name of federal Agency: Federal Transit Administration	
12. Areas affected by project: San Francisco, San Mateo and Santa Clara Counties		11. Descriptive title of applicant project: FY 2003/04 Capital Improvements - Accessible Capital Enhancements Security/Safety Enhancements Systemwide Track Rehabilitation North/South Terminal Track Upgrades Parking Lot Improvements New Parking Diridon Station Platform & Track Work Rapid Rail Improvements Caltrain Train Tracking Info System	
13. Proposed Project Start Date: 3/1/2000 End Date: 3/31/2009			
15. Estimated Funding			
a. Federal	\$28,493,184	14. Congressional Districts of:	
b. Applicant		a. Applicant	B. Project
c. State		8, 12, 13, 14, 15 & 16	8, 12, 13, 14, 15 & 16
d. Local	\$4,961,086		
f. Program Income		16. Is application subject to review by state executive 12372 process? Yes	
e. Other		a. Yes this preapplication/application was made available to the state executive order 12372 process review on	
g. TOTAL	\$33,454,270	Date: 7/15/2004	
17. Is the applicant delinquent on any federal debt? <input type="checkbox"/> Yes.(attach an explanation) <input checked="" type="checkbox"/> No.		b. No <input type="checkbox"/> Program is not covered by E.). 12372 or <input type="checkbox"/> or program has notbeen selected by state for review	
18. To the best of my knowledge and belief, all data in this application preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if assistance is awarded.			
a. Typed Name of Authorized Representative Michael J. Scanlon		b. Title Executive Director	c. Telephone Number: (650) 508-6221
d. Signature of Authorized representative 		e. Date Signed 7/14/04	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED JULY 19, 2004		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION					
Legal Name: 1010 DEVELOPMENT CORPORATION			Organizational Unit: Department: N/A		
Organizational DUNS: 153 420 620			Division: N/A		
Address: Street: 1001 SOUTH HOPE STREET, FIRST FLOOR			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: LOS ANGELES			Prefix: MS.		
County: LOS ANGELES			First Name: KELLE		
State: CA			Middle Name: M.		
Zip Code: 90015-1407			Last Name: ROSE		
Country: USA			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4345495			Email: KELLE1001@AOL.COM		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			Phone Number (give area code): 213-749-0214 x27		
			Fax Number (give area code): 213-749-3098		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): CSBG--COMMUNITY ECONOMIC DEVELOPMENT--PLANNING PROJECT			7. TYPE OF APPLICANT: (See back of form for Application Types) O: NOT FOR PROFIT ORGANIZATION Other (specify)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF LOS ANGELES, CALIFORNIA			9. NAME OF FEDERAL AGENCY: DHHS, ACF, OFFICE OF COMMUNITY SERVICES		
13. PROPOSED PROJECT Start Date: OCTOBER 20, 2004			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PLANNING PHASE FOR ECONOMIC DEVELOPMENT PROJECT		
Ending Date: OCTOBER 19, 2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-34		
15. ESTIMATED FUNDING:			b. Project CA-34		
a. Federal	\$	75,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
b. Applicant	\$		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7-19-04		
c. State	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	75,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: DR.		First Name: DARELL		Middle Name: T.	
Last Name: WEIST				Suffix:	
b. Title: PRESIDENT/CEO				c. Telephone Number (give area code): 213-749-0214 x11	
d. Signature of Authorized Representative: <i>Darell T. Weist</i>				e. Date Signed: 7/19/04	

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 07/16/2004	Applicant Identifier
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Broad Spectrum Community Development Corporation		Organizational Unit: Department: Economic Development	
Organizational DUNS: 00-402-2488		Division:	
Address: Street: 520 N. La Brea Avenue #219		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Inglewood		Prefix: Mr	First Name: Donnicus
County: Los Angeles		Middle Name	
State: CA		Last Name Cook	
Zip Code 90302		Suffix:	
Country: United States		Email: dlcook@nlbo.biz	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4791443		Phone Number (give area code) 310 893 8505	Fax Number (give area code) 310 893 8506
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Non Profit Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570		9. NAME OF FEDERAL AGENCY: DHHS/OCES	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Economic Development -- Planning Grant	
13. PROPOSED PROJECT Start Date: 09/30/2004 Ending Date: 09/30/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 35 b. Project District 35	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 75,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	DATE:	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 75,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr	First Name Donnicus	Middle Name L	
Last Name Cook		Suffix	
b. Title Director/President		c. Telephone Number (give area code) 310 893-8505 ext 103	
d. Signature of Authorized Representative		e. Date Signed 07/16/2004	

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